

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007012

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 24

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b 2 Days		c. CITY OR TOWN Kansas City, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WARRENSBURG MEDICAL INSTITUTION Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5718 Forest Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle Earl Last Voorhees			4. DATE OF DEATH Month Feb. Day 15 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/7/98	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Department-Ret. Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Belton, Mo.		11. BIRTHPLACE (City and state or country) U.S.A.	
13a. FATHER'S NAME William Voorhees		13b. MOTHER'S MAIDEN NAME Unknown Ferguson		14. NAME OF HUSBAND OR WIFE Roberta Carter Voorhee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address K.C. Mo. Mrs Roberta Voorhees-5718 Forest	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peritonitis, Generalized, Acute DUE TO (c) Ischemic Rupture Vessels (Heart)				INTERVAL BETWEEN ONSET AND DEATH 24 hours 24 hours 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 13 Feb 1961 to 15 Feb 1961 and last saw him alive on 15 Feb 1961 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE AS Talbier M.D.		22b. ADDRESS 122 E. MKT. Warrensburg Mo		22c. DATE SIGNED 15 Feb 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-15-62	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR D.W. Newcomer's-Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 15, 1962		26. REGISTRAR'S SIGNATURE Savannah Crutchfield	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 26 1962
MAR 1 1962

MAR 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.